

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8954

State File No. ....

1187

BIRTH NO. FILED MAR 31 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><p style="text-align: center;">Jackson</p>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):<br>a. STATE<br><p style="text-align: center;">Missouri</p> |  | b. COUNTY<br><p style="text-align: center;">Jackson</p>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <p style="text-align: center;">Kansas City</p>  |  | c. LENGTH OF STAY (in this place)<br><p style="text-align: center;">67 years</p>  |  | c. CITY OR TOWN<br><p style="text-align: center;">Kansas City</p>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><p style="text-align: center;">137 Mercier</p>  |  | e. STREET ADDRESS (If rural, give location)<br><p style="text-align: center;">137 Mercier</p>   |  | d. In Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First)<br><p style="text-align: center;">Louise</p>   |  | b. (Middle)<br><p style="text-align: center;">Stockinger</p>  |  | c. (Last)<br><p style="text-align: center;">Stockinger</p>  |  |
| 5. SEX<br><p style="text-align: center;">Female</p>  |  | 6. COLOR OR RACE<br><p style="text-align: center;">White</p>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><p style="text-align: center;">Widowed 2</p>                    |  |
| 8. DATE OF BIRTH<br><p style="text-align: center;">Jan. 15, 1875</p>   |  | 9. AGE (In years last birthday)<br><p style="text-align: center;">79</p>  |  | 10. MONTH (Day) (Year)<br><p style="text-align: center;">Mar 15 1954</p>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><p style="text-align: center;">Housewife</p>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><p style="text-align: center;">-0-</p>   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><p style="text-align: center;">Germany 4</p>                        |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><p style="text-align: center;">-</p>   |  | 13a. FATHER'S NAME<br><p style="text-align: center;">John Hoedl</p>   |  | 13b. MOTHER'S MAIDEN NAME<br><p style="text-align: center;">Theresa</p>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><p style="text-align: center;">Fred Stockinger (Dec)</p>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><p style="text-align: center;">No</p> |  | 16. SOCIAL SECURITY NO.<br><p style="text-align: center;">-0-</p>   |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><p style="text-align: center;">Rose Kellerman</p>   |  | ADDRESS<br><p style="text-align: center;">4137 Mercier</p>  |  |   |  |
| 18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>                                |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br><p style="text-align: center;">Acute Myocarditis</p>                                    |  | INTERVAL BETWEEN ONSET AND DEATH<br><p style="text-align: center;">10 hours</p>   |  |
| ANTECEDENT CAUSES<br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>   |  | DUE TO (b)<br><p style="text-align: center;">Myocardial Insufficiency</p>   |  | <p style="text-align: center;">2 years</p>  |  |
|  |  | DUE TO (c)<br><p style="text-align: center;">Hypertension</p>   |  | <p style="text-align: center;">5 years</p>  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i>   |  |   |  |   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><p style="text-align: center;">443X</p>                                |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?  |  |
| 22. I hereby certify that I attended the deceased from <u>Nov 29, 1946</u> , to <u>March 15, 1954</u> , that I last saw the deceased alive on <u>March 15, 1954</u> , and that death occurred at <u>5:30 a. m.</u> , from the causes and on the date stated above. |  |   |  |   |  |
| 23a. SIGNATURE<br><p style="text-align: center;">J. W. Grauerholz M.D.</p>   |  | (Degree or title)<br><p style="text-align: center;">D</p>   |  | 23b. ADDRESS<br><p style="text-align: center;">3527 Broadway, K.C. Mo</p>   |  |
| 23c. DATE SIGNED<br><p style="text-align: center;">3/16-54</p>   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><p style="text-align: center;">Burial</p>  |  | 24b. DATE<br><p style="text-align: center;">Mar. 17, 1954</p>   |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br><p style="text-align: center;">Calvary Cemetery</p>  |  | 24d. LOCATION (City, town, or county) (State)<br><p style="text-align: center;">Kansas City, Missouri</p>   |  |   |  |
| DATE REC'D BY LOCAL REG.<br><p style="text-align: center;">3-16-54</p>   |  | REGISTRAR'S SIGNATURE<br><p style="text-align: center;">Seraldine Smith</p>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><p style="text-align: center;">Quirk &amp; Tobin 20 W. Linwood, K.C. Mo.</p>          |  |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Terrest N. Caldwell* .....

Licensed Embalmer No. *471*

P. O. Address *K. P. M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.